## EXHIBIT 17-O DISADVANTAGED BUSINESS ENTERPRISES (DBE) CERTIFICATION STATUS CHANGE

1. Local Agency Contract Number 2.		2. Federal-Aid Pro	2. Federal-Aid Project Number		3. Local Agency		4. Contract Completion Date
5. Contractor/Consultant		6. Business Address			7. Final Contract Amount		
8. Contract Item Number	9. DBE Contact Information		10. DBE Certification Number	11. Amount Paid While Certified	12. Certification/ Decertification Date (Letter Attached)	1	3. Comments
If there were no changes in the DBE certification of subcontractors/subconsultants, indicate on the form.							
I CERTIFY THAT THE ABOVE INFORMATION IS COMPLETE AND CORRECT							
14. Contract	or/Consultant Representative's Sigr	nature	15. Contractor/Consultant Representative's Name			16. Phone	17. Date
I CERTIFY THAT THE CONTRACTING RECORDS AND ON-SITE PERFORMANCE OF THE DBE(S) HAS BEEN MONITORED							
18. Local Ag	ency Representative's Signature		19. Local Agency Representative's Name			20. Phone	21. Date
DICTORDITION: Original Legal Agency Copy. College District Legal Agency Legal de la Copy College District Legal Agency Leg							

DISTRIBUTION: Original – Local Agency, Copy – Caltrans District Local Assistance Engineer. Include with Final Report of Expenditures

ADA NOTICE: For individuals with sensory disabilities, this document is available in alternate formats. For information, call (916) 445-1233, Local Assistance Procedures Manual TTY 711, or write to Records and Forms Management, 1120 N Street, MS-89, Sacramento, CA 95814.

## INSTRUCTIONS –DISADVANTAGED BUSINESS ENTERPRISES (DBE) CERTIFICATION STATUS CHANGE

- 1. Local Agency Contract Number Enter the Local Agency contract number or identifier.
- **2. Federal-Aid Project Number** Enter the Federal-Aid Project Number.
- **3. Local Agency** Enter the name of the local or regional agency that is funding the contract.
- **4.** Contract Completion Date Enter the date the contract was completed.
- **5. Contractor/Consultant -** Enter the contractor/consultant's firm name.
- **6. Business Address -** Enter the contractor/consultant's business address.
- **7. Final Contract Amount** Enter the total final amount for the contract.
- **8.** Contract Item Number Enter contract item for work, services, or materials supplied provided. Not applicable for consultant contracts.
- **9. DBE Contact Information** Enter the name, address, and phone number of all DBE subcontracted contractors/consultants.
- **10. DBE Certification Number** Enter the DBE's Certification Identification Number.
- **11. Amount Paid While Certified** Enter the actual dollar value of the work performed by those subcontractors/subconsultants during the time period they are certified as a DBE.
- **12.** Certification/Decertification Date (Letter Attached) Enter either the date of the Decertification Letter sent out by the Office of Business and Economic Opportunity (OBEO) or the date of the Certification Certificate mailed out by OBEO.
- **13. Comments** If needed, provide any additional information in this section regarding any of the above certification status changes.
- **14. Contractor/Consultant Representative's Signature** The person completing the form on behalf of the contractor/consultant's firm must sign their name.
- **15.** Contractor/Consultant Representative's Name Enter the name of the person preparing and signing the form.
- **16. Phone** Enter the area code and telephone number of the person signing the form.
- **17. Date** Enter the date the form is signed by the contractor's preparer.
- **18.** Local Agency Representative's Signature A Local Agency Representative must sign their name to certify

that the contracting records and on-site performance of the DBE(s) has been monitored.

- **19. Local Agency Representative's Name** Enter the name of the Local Agency Representative signing the form.
- **20. Phone** Enter the area code and telephone number of the person signing the form.
- **21. Date** Enter the date the form is signed by the Local Agency Representative.